Redmond Municipal Code, Section 9.20.040 requires all <u>monitored</u> burglar alarms to have a current registration on file with the Police Department and furnish three emergency contacts.

PLEASE NOTE:

- ✓ Zip codes <u>98053</u> & <u>98074</u> are outside Redmond city limits and <u>DO NOT</u> apply to this ordinance
- ✓ Annual Fee: \$10.00 (January To December). Checks payable to "City of Redmond"
- ✓ Mail to: City of Redmond, PSFIN-Cashier, PO Box 97010, Redmond, WA 98073-9710 (no credit cards)
- ✓ Questions? (425) 556-2694 or sfitzpatrick@ci.redmond.wa.us or www.ci.redmond.wa.us (Police/Alarm Registration)
- ✓ Please list the names exactly as your alarm company has on file, otherwise response may be denied or delayed.
- ✓ If your alarm is not monitored by an outside company, this ordinance does not apply to you.
- ✓ Emergency Contacts: List three individuals to contact in the event of an alarm/emergency if you're not available. They must have access to the residence/ business and know your codes.

	Business name	;					Business main		
COMMERCIAL							phone		
	Street address & ZIP						Business back-		
							line phone		
	Property Manager		Date of birth:				Home		
	Owner's name		1 1			Cell			
							Pager		
၁	Billing address (If different than above)						Phone		
	(II dillerent that	i above)							
	Name(s)		Date of birth:				Work Phone		
RESIDENTIAL	(Last/First)		Date of billin.			Work Priorie			
	(Lastriist)		, ,						
	(Last/First)		1 1			Work Phone			
	Street address & ZIP					Home phone			
	Owner's name					Cell			
_	(If different than above)					Pager			
			T						
ALARM INFO.	Monitoring company						Phone		
	A 4 111								
	Mailing address						Alternate phone		
	Alarm type		Check all that apply: ☐ Burglary ☐ Fire ☐ Panic ☐ Medical ☐ Robbery						
	Alamitype		Officer all trial apply.	L Durgiary L	Triic Braile	LI WICCIN	cai 🗀 Robbery		
EMERGENCY CONTACTS					Relationship:	Tolo	ephone: Day:		
	Name:		Relationship.			ening:			
					Cel		l or pager:		
	Name:				Relationship: Tell Eve		ephone: Day:		
							ening:		
							or pager:		
	Name:				Eve		ephone: Day:		
							ening:		
						Cell	or pager:		
Printed Name Of Applicant			Signature Of Applicant			Date			
404770							A STOROET		
							N		



